



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2851

SERIAL NUMBER 09/609,166	FILING DATE 07/03/2000 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. P-3627-2					
APPLICANTS Michael N. Berke, Carle Place, NY; ** CONTINUING DATA ***** <i>none</i> ** FOREIGN APPLICATIONS ***** <i>none</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/22/2000									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>SPamer</i> <i>SPa</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY NY </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 1 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 1 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>SPamer</i> <i>SPa</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>SPamer</i> <i>SPa</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1					
ADDRESS Myron Amer P C 114 Old Country Road Suite 310 Mineola , NY 11501									
TITLE Self-administered back massage									
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
<input type="checkbox"/> All Fees									
<input type="checkbox"/> 1.16 Fees (Filing)									
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)									
<input type="checkbox"/> 1.18 Fees (Issue)									
<input type="checkbox"/> Other _____									